

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Crestview Center		STREET ADDRESS, CITY, STATE, ZIP CODE 262 Toll Gate Road Langhorne, PA 19047	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43277</p> <p>Based on observations, review of clinical records, and staff and resident interviews, it was determined that the facility failed to determine if residents were safe to self-administer medications for two of two residents observed (Resident R25 and R61).</p> <p>Findings Include:</p> <p>Review facility policy on Self Administration of Medication with a most recent review date of March 1, 2022, revealed that under section Policy, patients who request to self-administer medications will be evaluated for safe and clinically appropriate capability based on the patients. functionality and health condition. If it is determined that the patient is able to self-administer, a physician / advanced practice provider order is required. Self-administration and medication self-storage must be planned. When applicable, patient must be provided with a secure, locked area to maintain medications. Patients must be instructed in self-administration. Evaluation of capability must be performed initially, quarterly and with any significant change in condition.</p> <p>Review of Resident R25's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated July 5, 2024, revealed the resident was cognitively intact and had a diagnosis of respiratory failure and chronic obstructive pulmonary disease (COPD - progressive lung disease characterized by persistent respiratory symptoms such as breathlessness and cough).</p> <p>Review of Resident R25's physician order summary revealed an order dated April 10, 2024, for Albuterol Sulfate Inhalation 2 puff inhale orally every four hours as needed for wheezing.</p> <p>Observations on September 4, 2024, at 9:45 a.m. revealed Resident R25 had the Albuterol inhaler placed on the overbed table. Interview with Resident R25 revealed the resident self-administers the inhaler four times per day.</p> <p>Interview on September 4, 2024, at 2:36 p.m. with Licensed Nurse, Employee E15, confirmed Resident R25 keeps the albuterol at bedside to self-administer the medication.</p> <p>Review of Resident R25's clinical record revealed there was no interdisciplinary assessment to evaluate Resident R25's ability to safely self-administer the medication. Further review of Resident R25's clinical record revealed there was no documentation included in the care plan related to self-administration of medications.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395459
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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R61's clinical record revealed that Resident R61 was most recently readmitted to the facility on [DATE], with diagnoses of but not limited to: chronic respiratory failure with hypoxia. Type 2 diabetes mellitus, Peripheral vascular disease, Impetigo, Urticaria, Pruritus, Rash, and other non-specified skin eruption.</p> <p>Review of resident R61 clinical record revealed a physician order for: (Klayesta) Nystatin External Powder 100000 UNIT/GM (Nystatin (Topical)) Apply to B/L groin topically every day and night shift for fungal rash May keep at bedside and apply to B/L abdominal fold topically every day and night shift - ordered June 29, 2024.</p> <p>Further review of Resident R61's physician's orders revealed no order to allow resident to self medicate Nystatin External Powder 100000 UNIT/GM (Nystatin (Topical))</p> <p>Observation of Resident R61 conducted on September 3, 2024, at 11:19am revealed that a bottle of Klayesta powder 100, 000 unit was on top of Resident R61's over head table. Further, the bottle of Klayesta powder 100, 000 unit was labelled with Resident R61's name.</p> <p>Interview with Resident R61 conducted at the time of the observation confirmed that the bottle of Klayesta was hers. Further Resident R61 revealed that the staff left the medication with her and that she uses the Klayesta(nystatin)powder for her open wounds.</p> <p>Interview with unit manager Employee E3 conducted on September 3, 2024, at 11:48 am confirmed that Resident R61 has a bottle of Klayesta in her possession. Further Employee E3 revealed that resident R61 was allowed to keep her medication with her because she was alert and oriented.</p> <p>09/05/24 10:04 AM Interview with Director of Nursig Employee E2 confirmed that there was no documentation and physician order related to Resident R61's self medication. Further, Employee E2 revealed that they had just initiated all the documentation regarding Resident R61's self medication</p> <p>211.10 (d) Resident care policies.</p> <p>211.12 (d)(5) Nursing services.</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>36609</p> <p>Based on review of resident council minutes, resident and group interviews and interviews with staff, and facility policy, it was determined the facility failed to ensure the residents were offered a private group meeting during resident council for 6 of 6 residents interviewed (Resident R9, R47, R82, R120, R133, and R145)</p> <p>Findings include:</p> <p>Review of the facility policy titled, Recreation Services Policies and Procedures revised on 8/7/23 states the facility will promote and support self-governing and decision-making Resident Councils to provide an opportunity to meet regularly and without interference. The same policy states to provide appropriate accommodations and a meeting place that is private.</p> <p>During Resident Group with 6 alert and oriented residents on September 4, 2024, at approximately 11:00 a. m. Resident R82 indicated during resident council some of the members did not like to use their name if there was a concern or problem so the facility doesn't get told. Members of the resident council were asked, during the time they meet in private would it be more comfortable to tell the president the concerns and then the president would relay the concerns to the facility as a group, vs. one particular resident. The President's responded that the Resident Council was always conducted with the facility staff present, we never had it any other way. The residents that attended the group discussion were not aware they could have private meetings.</p> <p>Interview with the Director of Nursing on September 5, 2024, at 2:00 p.m. indicated the facility was always invited to the group meeting but confirmed the meetings were not held privately with only the residents.</p> <p>28 Pa. Code 201.29(a) Resident rights</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>51165</p> <p>Based on observations and staff interview, it was determined that the facility failed to ensure a comfortable and homelike environment in one of eight resident's rooms observed (Resident 114 and Resident 124).</p> <p>Findings include:</p> <p>Observation on September 3rd, 2024 at 9:50 am revealed that Resident R114 and Resident R124 double bed room had a hole in the wall and bed sheets hanging up on the windows. Resident R114 and Resident R124 stated the hole in the wall and bed sheets hanging instead of curtains, did not feel like a comfortable and homelike environment.</p> <p>Interview with Employee E10, Maintenance Director, confirmed the hole in the wall needed to be repaired and the bed sheets needed to be replaced with curtains.</p> <p>28 Pa. Code 201.29(j) Resident rights.</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility.</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>51165</p> <p>Based on review of facility policies, clinical record review, observations and staff interviews, it was determined the facility failed to identify the placement of a bed against the wall as a restraint and failed to assess the functional status of an individual resident to determine the use of the restraint for one of nine residents reviewed. (Residents R44).</p> <p>Findings Include:</p> <p>Review of facility policy titled, Restraints: Use of with a revision date of December 2022, revealed Patients have the right to be free from any physical or chemical restrains imposed for the purposes of discipline or convenience, and not required to treat the patient's medical symptoms</p> <p>Clinical record review indicated Resident R44 was admitted to the facility December 23, 2023 with a diagnosis of Cerebral Infarction (disrupted blood flow to the brain due to problems with the blood vessels that supply it), Hemiplegia and Hemiparesis (muscle weakness on one side of the body), and Hypertension (high blood pressure).</p> <p>Review of Resident R44's Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) dated July 24, 2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 0 indicating severe cognitive impairment.</p> <p>Observation on September 3, 2024 at 9:50 a.m. revealed Resident R44 was asleep in bed and the bed (left side) was pushed against the wall.</p> <p>Review of Resident R44's care plan dated December 4, 2023, revealed Resident R44 was at risk for falls due to cognitive loss, lack of safety awareness, and impaired mobility. No care plan or assessment was included in the clinical record for safety with a bed against the wall.</p> <p>Further record review revealed Resident R44 was seen by Medical Doctor on August 21, 2024 for skin change- ecchymosis (bruising) on right 2-3 finger and right and left forearm. Progress note dated August 21, 2024, stated pt reported to be resistant to care, banging extremities on side wall.</p> <p>Observation on September 5, 2024 at 10:40 a.m. revealed Resident R44's bed pushed against the wall.</p> <p>Interview on September 5, 2024 at 10:45 a.m with Employee E6, confirmed Resident R44's bed was pushed against the wall.</p> <p>28 Pa. Code 211.8(e)(f) Use of Restraints.</p> <p>28 Pa. Code:211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43277</p> <p>Based on review of facility policies, clinical records, and staff interviews, it was determined at the facility failed to develop a baseline care plan that includes the instructions needed to provide effective and person-centered care within 48 hours of admission for respiratory care, communication, and total parenteral nutrition for three of 31 residents reviewed. (Resident R369, R143, Resident R150)</p> <p>Findings include:</p> <p>Review of facility policy on person centered care plan. With the most recent review date of October 24, 2022, revealed that under section Policy: the Center must develop and implement a baseline person centered care plan within 48 hours of admission readmission for each patient/ resident (herein after patient) that includes the instructions needed to provide effective and person-centered care that meet professional standards of quality care. Person centered care means to focus on the patient as the focus of control and support the patient in making their own choices and having control over their daily life. Under section Purpose: To attain or maintain the patient's highest practicable physical, mental, and psychosocial well-being. To promote positive communication between patient, patient representative, and team. To obtain the patients and residents representatives input into the plan of care. Ensure effective communication and optimized clinical outcomes. Under section Practice standards: #1. A baseline care plan must be developed within 48 hours and include the minimum health care information necessary to properly care for a patient, including but not limited to 1.1. Initial goals based on admission orders. 1.2. Physician orders.</p> <p>Review of Resident R369's clinical record revealed the resident was admitted to the facility on [DATE], and had a diagnosis of adult failure to thrive and postprocedural complications and disorders of the digestive system.</p> <p>Review of Resident R369's physician order dated August 29, 2024, revealed the resident received Total Parenteral Nutrition (TPN - administration of nutrition and calories intravenously into a vein) 12 hours per day.</p> <p>Review of Resident R369's nutrition assessment dated [DATE], revealed Resident R369 has been dependent on TPN for the last two months.</p> <p>Review of Resident R369's clinical record revealed no documented evidence a baseline care plan was developed to address the management and care needs of the TPN.</p> <p>Review of Resident R143's clinical record revealed the Resident R143 was admitted to the facility on [DATE], with diagnosis of Failure to Thrive, Retention of Urine, Occlusion and Stenosis of Left Vertebral Artery, Atherosclerosis of Aorta, Gastroesophageal Reflux Disease, Vancomycin Resistance, Urinary Tract Infection.</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of clinical record revealed a physician order for Oxygen at 2 L/min via Nasal Cannula continuously, every day and night shift for SOB (shortness of breath) Post Tx (treatment): Evaluate heart rate, respiratory rate, pulse oximetry, skin color, and breath sounds ordered on June 21, 2024.</p> <p>Further, an order for: Pulse ox every shift to keep oxygen sats greater than or equal to 92% was also ordered on June 21, 2024.</p> <p>Further review of Resident R143's clinical record revealed a physician's order to wean O2 as able, Keep SAT (Oxygen saturation) at 92 - 95%. If greater than 92%, then decrease O2 by 1L/hr until off O2. If >92%, then increase O2 back to prior. Keep O2 at lowest flow to keep sat (oxygen saturation) >92%. Goal is to wean off O2.</p> <p>Review of Resident R143's admission MDS (minimum data set- a federally required resident assessment completed at a specific interval) with assessment reference date of June28, 2024, section O0110 (Special Treatments, Procedures, and Programs), C1 (Oxygen therapy) b (While a Resident) indicated that Oxygen therapy was Performed while a resident of this facility and within the last 14 days.</p> <p>Further review of Resident R143's clinical record revealed that the respiratory care plan was started on July 1, 2024, further there was no baseline care plan regarding the use of Oxygen for Resident R143 that includes the instructions needed to provide effective and person-centered care within 48 hours of admission.</p> <p>Observation on Resident R143 conducted on September 9, 2024, at 11:59 am revealed that Resident R143 was on O2 concentrator via nasal cannula at 3 liters/minute,</p> <p>Review of Resident R150's clinical record revealed that Resident R150 was admitted to the facility on [DATE], with diagnoses of to Cerebral Infarction and Aphasia (a comprehension and communication disorder resulting from damage or injury to the specific area in the brain.)</p> <p>Review of Resident R150's admission MDS dated [DATE], section B0600. Speech Clarity revealed that resident R150 had unclear speech, B0700. Makes Self Understood was coded sometimes understood, B0800. Ability To Understand Others was coded usually understands</p> <p>Review of Resident R150's clinical record revealed a care plan for impaired communication dated August 13, 2024.</p> <p>Further review of Resident R150's clinical record revealed that there was no baseline care plan regarding Resident R150's diagnosis of Aphasia, communication deficit due to aphasia, unclear speech and deficits in making himself understood.</p> <p>Observation on Resident R150 conducted during the tour of the facility on September 3, 2024, at 11:35 revealed that Resident R150 was in a wheelchair, on the hallway outside room [ROOM NUMBER]. Interview with Resident R150 revealed that resident had difficulty expressing himself and had difficulty with word finding.</p> <p>Interview with unit manager conducted at the time of the observation revealed that resident had a diagnosis of Aphasia and had difficulty communicating.</p> <p>(continued on next page)</p>		

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.10(d) Resident care policies

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46508</p> <p>Based on review of clinical record was determined that the facility failed to develop a person-centered care plan related to antibiotic use via Midline intravenous catheter for one of 31 residents reviewed. (Resident R61)</p> <p>Findings include:</p> <p>Review Facility policy on Person Centered Care Plan with a most recent review date of October 24, 2022, revealed that under Section Policy: A comprehensive individualized care plan will be developed within seven days after completion of the comprehensive assessment (admission, annual or significant change in status), Care plan includes measurable objectives and timetables to meet a patient's medical, nursing, nutrition, and mental and psychosocial needs that are identified in the comprehensive assessments for newly admitted patients. The Comprehensive care plan must be completed within seven days of the completion of the comprehensive assessment and no more than 21 days after admission. The care plan will be prepared by the interdisciplinary team. The interdisciplinary team, in conjunction with the patient and or patient representatives as appropriate, will establish the expected goals and outcomes of care, the type, amount, frequency and duration of care, and any other factors related to the effectiveness of care. Documentation will show evidence of. Patience, goals, and preferences; patient status as triggered in the Care Area Assessment (CAA), and development of care planning interventions. Under section Purpose: To attain or maintain the patient's highest practicable physical, mental, and psychosocial well-being, to promote positive communication between patient, patient representative and team, to obtain the patients and residents representative input into the care plan, ensure effective communication and optimize clinical outcomes. Under section Practice standards: A comprehensive care plan may be developed in place of a baseline care plan if it is developed within 48 hours and meets the requirement for a comprehensive care plan. A comprehensive person-centered care plan must be developed for each patient and must describe the following: Services that are to be furnished, any services that would otherwise be required but are not provided due to the patient's exercise of rights, including the right to refuse treatment. The care plan must be customized to each individual patient's preferences and need. Care plans will be communicated to appropriate staff and patient. Patient representative family.</p> <p>Review of Resident R61's clinical record revealed that Resident R61 was admitted to the facility on [DATE], with diagnoses of Chronic Respiratory Failure with Hypoxia, UTI (urinary tract infection), Extended Spectrum Beta Lactamase Resistance, Carrier of Other Specified Bacterial Disease, Elevated [NAME] Blood Cell Count, Personal History of Methicillin Resistant staphylococcus Aureus,</p> <p>Further review of Resident R61'd clinical record revealed a physician's order for: Heparin Lock Flush Solution 10 UNIT/ML (Heparin Lock Flush) Use 3 ml intravenously every 8 hours for SASH (saline-administration-saline-heparin) technique after administration of saline- ordered on August 27, 2024. Further a physician's order for: IV (intravenous): Midline (midline intravenous- catheter-A long, flexible tube inserted into a vein in the upper arm to deliver medication or fluids directly into the bloodstreams) Non-Valved: Gauge 4 French TOTAL LENGTH: 15 cm. Number of Lumens: 1- ordered on August 27, 2024, was also in place.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident R61's clinical record revealed a physician's order for: Gentamicin in Saline Intravenous Solution 1 MG/ML (Gentamicin in Saline) Use 100 mg intravenously every 8 hours for skin infection for 7 Days ordered on August 27, 2024, and discontinued on September 4, 2024. Further, Ertapenem Sodium Solution Reconstituted 1 GM Use 1 gram intravenously every 24 hours for skin infection for 7 Days was also ordered August 27, 2024, and discontinued on September 4, 2024.</p> <p>Further review of Resident R61's clinical record revealed that there was no care plan for the use of midline intravenous catheter, use of heparin, and intravenousAntibiotics.</p> <p>28 Pa. Code 211.12(d)(5) Nursing service</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43277</p> <p>Based on observations,staff interviews, review of clinical records and facility documentation, it was determined that the facility failed to provide care and services in accordance with professional standards of practice to prevent accident and falls for one of 31 resident records reviewed (Resident R6).</p> <p>Findings include:</p> <p>Resident R6 was admitted to the facility on [DATE], diagnosed with a contractured right knee, chronic pain, major depression, anxiety, morbid (severe) obesity, mild cognitive impairment and dependent on a wheelchair for mobility.</p> <p>Review of Resident R6 nursing progress note dated, May 13, 2024, stated a staff member was pushing Resident R6 down the ramp, next in line, to play an outdoor activity and the resident fell out of her the wheelchair, noting bilateral abrasion to the knees and lip. The resident was transferred to the hospital post fall and returned the facility on the same day.</p> <p>Interview with Resident R6, on September 4, 2024, at 2:00 p.m. said during an activity a staff member wheeled me down the ramp the wrong way. Instead of wheeling me backwards I was wheeled forwards and fell right on my face and got a fat lip.</p> <p>Review of facility documentation submitted to the Department of Health dated May 13, 2024 stated while the Recreational Director was assisting the resident down a small ramp by pushing the wheelchair forward and Resident R6 fell forward, out of her wheelchair The resident told the facility her feet got caught under the seat of the wheelchair causing the fall also noting the leg rests were not in use while the staff member propelled the resident down the ramp.</p> <p>Interview with the Director of Rehabilitation on September 6, 2024, at 12:00 p.m. stated for safety, leg rests should always be used and when using a ramp with a wheelchair, positioning the chair going backwards.</p> <p>28 Pa. Code 201.18(b)(1)(3) Management.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing service</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>36609</p> <p>Based on interviews with residents and staff, and facility policy, it was determined that the facility failed to provide activities that enhanced the resident's interactions in the community based on the identified preferences/interests for six of six residents attending resident council (Resident R9, R47, R82, R120, R133, and R145)</p> <p>Findings include:</p> <p>Review of the facility's policy titles, Resident Rights stated, The resident has a right to interact with members of the community and participate in community activities both inside and outside the community.</p> <p>During Resident Group with 6 alert and oriented residents on September 4, 2024, at approximately 11:00 a. m. the group all agreed they wanted to go on trips again like they did previously. Resident R82 stated, We used to go on trips, but we don't go out anymore. We used to see a Christmas play around the holidays then eat at a nearby popular restaurant, but the facility stopped it. We were told we can't because of the facility's new van service.</p> <p>On September 5, 2024, at 2:00 p.m., interview with the Director of Nursing (DON) said they were aware the residents missed going on trips, saying the facility also took them to casinos. The DON explained that it was an ongoing issue between the residents and the facility. The facility's new van service doesn't offer those services like our previous one. It is difficult with most residents in wheelchairs to find a large van to accommodate the residents. Further interview with the Director of Nursing revealed a van service was found but would cost the residents \$5.00 each for money they may not have and would not hold many residents, maybe 3 or 4 due to the wheelchairs. Further stating the size of this van and the facility's new van are the same size as the original van.</p> <p>28 Pa. Code: 201. 18(b)(3) Management</p> <p>28 Pa. Code: 207.2(a) Administrators Responsibility</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43277</p> <p>Based on review of facility policies, review of facility documentation, clinical record review and interviews with staff, it was determined that the facility failed to ensure that a resident received adequate supervision for one of seven residents reviewed for falls (Resident R157). This deficiency was identified as past non-compliance.</p> <p>Findings Include:</p> <p>Review of facility policy Safe Resident Handling/Transfer Equipment revised March 1, 2024, revealed patients will be assessed upon admission and on an ongoing basis to determine the patient's ability to transfer and reposition and the need for safe resident handling equipment.</p> <p>Review of Resident R157's comprehensive Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated February 16, 2024, revealed the resident had severe cognitive impairment and diagnoses of adult failure to thrive, and contractures of the left and right knee.</p> <p>Further review of Resident R157's MDS dated [DATE], revealed the resident had impairment in range of motion to both upper extremities and was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) on staff for shower/bathing and rolling left to right (the ability to roll from lying on back to left and right side, and return to lying on back on the bed).</p> <p>Review of Resident R157's comprehensive care plan revised July 25, 2021, revealed Resident R157 was at risk for decreased ability to perform activities of daily living in bathing, grooming, and bed mobility related to limited activity and exercise.</p> <p>Continued review of Resident R157's comprehensive care plan revealed interventions dated January 30, 2020, that the resident required total assist of two staff members for bed mobility.</p> <p>Review of facility documentation submitted to the State Survey Agency on March 22, 2024, revealed on March 21, 2024, Resident R157 had a witnessed fall from bed while receiving a bed bath.</p> <p>Review of facility documentation revealed an incident report dated March 21, 2024, that revealed while nurse aide, Employee E16, was turning Resident R157 to the left side while washing the resident's back and bottom, the resident started to fall over to the floor face down. Further review of the incident report revealed no other staff members were present to assist nurse aide, Employee 16, to turn/reposition Resident R157 in bed.</p> <p>Review of the statement dated March 21, 2024, by nurse aide, Employee E16, revealed during patient care the nurse aide, Employee E16, turned Resident R157 to the left side while washing the resident's back and bottom. Resident R157 started falling over and subsequently fell on the floor.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on September 5, 2024, at 12:11 p.m. with the Director of Nursing, Employee E2, confirmed Resident R157 should have been assisted with two staff members during turning and repositioning in bed.</p> <p>Further interview on September 5, 2024, at 12:47 p.m. with the Director of Nursing, Employee E2, revealed that resident rooms have door tag codes to specify the amount of help required during resident care. Further interview revealed all nursing staff receive education during orientation on the door tags.</p> <p>Continued interview on September 5, 2024, at 12:47 p.m. with the Director of Nursing, Employee E2, revealed at the time of the fall on March 21, 2024, Resident R157's door was coded as TA2 which meant the resident required more than 1 person and additional equipment for turning and repositioning in bed.</p> <p>On March 21, 2024, following the incident, the facility immediately implemented the following corrective actions:</p> <ul style="list-style-type: none"> -On 3/21/24 [Resident R157] care plan immediately updated to include two staff for all care. -On 3/21/24 the nurse aide [Employee E16] was taken off the schedule pending further investigation and CSU was notified. -On 3/21/24 the nurse practice educator (NPE)/designee audited all resident door tags to ensure the correct door tag sticker is in place reflecting lift/transfer/repositioning needs per most recent Lift Transfer Evaluation. -Starting on 3/21/24 and completed 3/22/24 the DON audited all resident care plans to ensure correct transfer and bed mobility status per most recent Lift Transfer Evaluation is in place and appears on the Kardex. -Starting on 3/21/24 and completed 3/28/24 the NPE/designee re-educated all nursing staff on understanding lift/transfer/repositioning door tags and the steps needed done immediately after completing a Lift Transfer Evaluation (updating care plan/Kardex and posting door tag sticker). -On 3/22/24 the NPE/designee audited all nursing staff to ensure they have completed the Safe Resident Handling Program per requirements. -Director of nursing will audit all new Lift Transfer Evaluations completed daily to ensure the care plan matches the Lift Transfer Evaluation, is on Kardex, and correct door tag sticker is posted. -Director of Nursing/Designee will complete random weekly audits x 4 weeks to ensure proper lift/transfer/repositioning needs are followed by nursing staff (completed 4/17/24). -Findings will be reported to the QAPI (Quality Assurance and Performance Improvement) committee who will determine the need for further education or audits (completed 4/23/24). <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interviews with nursing staff on September 5, 2024, and September 6, 2024, confirmed that they had all been in-serviced on reviewing and following the resident Kardex, care plan, and door tags to ensure proper assistance is being provided with care.</p> <p>Review of clinical records and door tags confirmed correct door tag sticker is in place reflecting lift/transfer/repositioning needs per most recent Lift Transfer Evaluation.</p> <p>This deficiency was identified as past non-compliance.</p> <p>211.10 (d) Resident care policies.</p> <p>211.12 (d)(5) Nursing services.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43277</p> <p>Based on observations, review of facility policy, review of clinical records, and staff and resident interviews, it was determined that the facility failed to ensure that a resident who is dependent on oxygen therapy consistent with physician orders for three of three residents with oxygen reviewed (Resident R25, R118, and R127).</p> <p>Findings Include:</p> <p>Review of Resident R25's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated July 5, 2024, revealed the resident was cognitively intact and had a diagnosis of respiratory failure and chronic obstructive pulmonary disease (COPD - progressive lung disease characterized by persistent respiratory symptoms such as breathlessness and cough).</p> <p>Review of Resident R25's physician orders revealed an order dated June 9, 2024, for continuous oxygen every shift. Further review of Resident R25's physician orders revealed an order dated April 10, 2024, for oxygen tubing to be changed weekly and label each component with date and initials.</p> <p>Review of Resident R118's quarterly MDS dated [DATE], revealed the resident had severe cognitive impairment and had a diagnosis of Alzheimer's disease (a brain disorder that causes memory loss, thinking problems, and behavior changes).</p> <p>Review of Resident R118's physician orders revealed an order dated August 8, 2024, for continuous oxygen every shift. Further review of Resident R118's physician orders revealed an order dated August 8, 2024, for oxygen tubing to be changed weekly and label each component with date and initials.</p> <p>Review of Resident R127's comprehensive MDS dated [DATE], revealed the resident had severe cognitive impairment and had a diagnosis of COPD (Chronic Obstructive Pulmonary Disease).</p> <p>Review of Resident R127's physician orders revealed an order dated June 9, 2024, for oxygen via nasal cannula as needed to maintain O2 saturation greater than or equal to 89%. Further review of Resident R127's physician orders revealed an order dated June 9, 2024, for oxygen tubing to be changed weekly and label each component with date and initials.</p> <p>Observations on September 4, 2024, at 9:45 a.m. revealed Resident R25's oxygen tubing was not labeled and dated per physician orders.</p> <p>Observations on September 4, 2024, at 9:54 a.m. revealed Resident R118's oxygen tubing was not labeled and dated per physician orders. Observations also revealed a visible build up of dust on the oxygen concentrator.</p> <p>Observations on September 4, 2024, at 10:16 a.m. revealed Resident R127 was using the oxygen via nasal cannula. Resident R127's oxygen tubing was not labeled and dated per physician orders.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a tour with the Director of Nursing, Employee E2, on September 4, 2024, at 11:45 a.m., it was confirmed that the above residents did not have the oxygen tubing labeled and dated per physician orders. Director of Nursing, Employee E2, also confirmed Resident R118's oxygen concentrator has a visible build-up of dust.</p> <p>Review of Resident R143's clinical record revealed Resident R143 was admitted to the facility on [DATE], with diagnosis of Adult Failure to Thrive.</p> <p>Further review of clinical record revealed a physician order for Oxygen at 2 L/min via nasal cannula continuously, every day and night shift for SOB (shortness of breath) Post Tx (treatment): Evaluate heart rate, respiratory rate, pulse oximetry, skin color, and breath sounds ordered on June 21, 2024.</p> <p>Further review of Resident R143's clinical record revealed a physician's order to wean O2 as able, Keep SAT (Oxygen saturation) at 92 - 95%. If greater than 92%, then decrease O2 by 1L/hr until off O2. If >92%, then increase O2 back to prior. Keep O2 at lowest flow to keep sat (oxygen saturation) >92%. Goal is to wean off O2. Further a physician's order to MD order revealed and order for: Oxygen tubing change weekly Label each component with date and initials dated September 4, 2024 was also in place.</p> <p>Review of Resident R143's admission MDS (minimum data set- a federally required resident assessment completed at a specific interval) with assessment reference date of June28, 2024, section O0110 (Special Treatments, Procedures, and Programs), C1 (Oxygen therapy)b (While a Resident) indicated that Oxygen therapy was Performed while a resident of this facility and within the last 14 days.</p> <p>Further review of Resident R143's clinical record revealed that the respiratory care plan was started on July 1, 2024, there was care plan addressing the use of Resident R143's Oxygen use until July 1, 2024.</p> <p>Observation on Resident R143 conducted on September 9, 2024, at 11:59 am revealed that Resident R143 was on O2 concentrator via nasal cannula,</p> <p>Further, observation revealed that the oxygen tubing was not dated.</p> <p>Review of Resident R364's clinical record revealed a physician's order for Oxygen at 6L/min via Nasal Cannula continuously every night and day shift-start date August 30, 2024, further a physician's order for Oxygen tubing change weekly Label each component with date and initials every day shift every Wednesday dated august 30, 2024 was also in place.</p> <p>Observation conducted on during tour of the facility together with the Director of Nursing, Employee E2, on September 4, 2024, at 11:45 a.m. revealed that Resident R364's oxygen tubing did not have a date or label affixed to it.</p> <p>211.10 (d) Resident care policies</p> <p>211.12 (d)(5) Nursing services</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>36609</p> <p>Based on observations, interviews with resident and staff and review of facility documentation, revealed the facility failed to provide a safe functional, sanitary, and comfortable environment for residents for one of three main shower rooms. (100-unit Main Shower)</p> <p>Findings include:</p> <p>Observation conducted on September 3, 2024, of the 100-unit Main Shower room revealed a sign indicating it was out of order.</p> <p>During Resident Group on September 4, 2024, at approximately 11:00 a.m. three residents who reside in the 100-unit, Resident R47, R120, and R133 voiced their concerns about the 100-unit hallway and bathroom. Resident R47 stated, The Shower room its always out of order and has been for a very long time. Resident R120 said, They make us go to another bathroom instead and My room is close to the shower room and it bothered my allergies, Resident R133 stated, It smells too! They tell us, "Yeah we are working on it" or "We're waiting on a part." "This has been going on for a very long time!</p> <p>On September 6, 2024, at 10:00 a.m. interview with the Maintenance Director stated the problem with the North Wing shower room started in mid-December. Initially believed to be plumbing issue found the problem was the shower room floor. Review of facility work order states Floor is cracked, causing leaking from shower into hallway and patient room. A proposal with a monetary estimate was dated January 23, 2024, indicating the work could start within 15 days or sooner. The Director stated he's been waiting for corporate headquarters' approval. The Director indicated he uses epoxy to seal the shower room, but it's temporary, the residents have to wait a couple days for it to dry. Then in 2-3 months I have to do this again.</p> <p>28 Pa. Code 202.28(b)(3) Management</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>06525</p> <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observations of the physical environment interviews with staff and reviews of the pest control operators reports, it was determined that the facility was not maintaining an effective pest control program.</p> <p>Findings include:</p> <p>Observations of the main kitchen of the food and nutrition department were completed with the director of dietary services, Employee E8 at 9:30 a.m., on September 3, 2024.</p> <p>Common household pests (flies) were observed throughout the dish room area, food preparation areas and the hallway located outside the food and nutrition department. The doorway leading from the hallway into the main kitchen was open allowing easy access to the main kitchen.</p> <p>Observations of the three windows located above the three compartment sink inside the main kitchen revealed that the windows were opened to the outside and contained no screens to prevent pest (flies) entry into the kitchen.</p> <p>The large window area located adjacent to the juice dispensing system contained an ill-fitting screen. The screen was torn and not secured into the window allowing easy access for pests into the food and nutrition department.</p> <p>Observations of the ceiling light screens located throughout the main kitchen revealed an accumulation of dead insects.</p> <p>Observations at the end of the hallway, located outside the food and nutrition department revealed a doorway that opened directly outside the building. When closed the door way was not sealed; at its' threshold. A one inch gap was noted along the bottom of the door allowing easy access to the building for pests and rodents.</p> <p>Further observations, revealed that the garbage storage area for the facility was located directly outside this doorway. The area contained a dumpster unit used to hold the facility's trash and refuse. It was also noted that five receptacles/containers of soiled linens were in this area awaiting pick up by the contracted laundry services.</p> <p>Observations of the entrance lobby doors that lead directly out of the building from the lobby area of the facility revealed that the threshold of the doors evidenced a two inch gap upon closing. This void allowed easy access inside the facility for pests and rodents.</p> <p>Review of the pest control operators' reports for for June, July and August 2024 revealed on-going problems with common household pests (mice and flies). Interview with the director of maintenance, Employee E10 at 11:00 a.m., confirmed the treatments and reports documented by the pest control operator for June, July and August, 2024.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The pest control operator's report dated August 30, 2024 indicated that resident rooms were noted with fly activity. The pest control operator recommended a light designed for extinguishing flying insects for the nursing unit.</p> <p>The pest control operator's report dated August 23, 2024 indicated that resident rooms and the main kitchen contained common household pests (flies).</p> <p>The pest control operator's report dated August 16, 2024 indicated that common household pests (rodents and flies) were noted in the kitchen or resident rooms.</p> <p>The pest control operator's report dated July 12, 2024 indicated that the main kitchen was treated for common household pests (rodents).</p> <p>The pest control operator's report dated June 21, 2024 indicated that the main kitchen was treated for common household pests (rodents and flies).</p> <p>Observations of the residents on the 300 nursing unit revealed that common household pests (flies) were inside resident rooms, the community dining area and hallways on this nursing unit. Residents were observed attempting to eat lunch on September 3 and 4, 2024 with flies annoying their meals and disrupting their eating. Residents: (R20, R59, R38, R136, R26, R9 and R56).</p> <p>Observations of the common household pest problems in resident rooms, dining areas and throughout the 300 nursing unit were confirmed with the nursing staff, (Employees: E6, E7, E11 and E14) who were observed swatting at the flies with their hand, as they were assisting residents with meals, charting at the nurses station and administering medications to the residents.</p> <p>28 Pa. Code 201.18(b)(3) Management</p> <p>28 Pa. Code 211.6(f) Dietary services</p>		